## PART B - FEE(S) TRANSMITTAL

0CT (	5 2009		or <u>Fax</u> (:	Commissioner fo J.O. Box 1450 Llexandria, Virg 571)-273-2885	or Patents ginia 22313-1450	
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Anne S. Dolla CHIRON COR Intellectual Pro	PORATION		l Si ac tri	hereby certify that the ates Postal Service didressed to the Mannsmitted to the USF	rtificate of Malling or Training Fee(s) Transmittal is being with sufficient postage for fill Stop ISSUE FEE addres PTO (571) 273-2885, on the	nsmission  ng deposited with the Unite irst class mail in an envelop is above, or being facsimili date indicated below.
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TITLE OF INVENTION ENVELOPE GLYCOPI	ON: EXPRESSION CA		Jan Zur Megede	MMUNODEFICIE	PP01631.102 NCY (THUS 1631403 1 SU	1709 JBTYPE C
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PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is iden th in 37 CFR 3.11. Com GNEE		(B) RESIDENCE: (CIT	patent. If an assign assignment.  Y and STATE OR C	OUNTRY) RYVIUE, CA	
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	s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no for	ger claiming SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).
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submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	larity is governed by 35 application form to the ons for reducing this builting in a 22313-1450. DC 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	depending upon the individence of the control of the control of the complete complet	retain a benefit by the timated to take 12 m vidual case. Any cor er, U.S. Patent and 1 D THIS ADDRESS.	e public which is to file (and inutes to complete, includin nments on the amount of the frademark Office, U.S. Depi SEND TO: Commissioner isplays a valid OMB control	g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,